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APPLICANTS

NAME: CRM

ADDRESS: none CRM

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Foreign priority claimed 35 USC 119 conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	AS FILED	STATE OR COUNTRY	SHEETS DRWGS.	TOTAL CLAIMS	INDEP. CLAIMS	FILING FEE RECEIVED	ATTORNEY'S DOCKET NO.
Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no Examiner's Initials: <u>CRM</u>	→						

ADDRESS	TITLE
1000 BROADWAY NEW YORK, N.Y. 10001	U.S. DEPT. OF COMM. / PAT. & TM - PTO-436L (Rev. 12-94)

PARTS OF APPLICATION FILED SEPARATELY		Applications Examiner	
NOTICE OF ALLOWANCE MAILED		CLAIMS ALLOWED	
		Total Claims	Print Claim
ISSUE FEE		DRAWING	
Amount Due	Date Paid	Sheets Drwg.	Figs. Drwg.
		Print Fig.	
Label Area		ISSUE BATCH NUMBER	
PREPARED FOR ISSUE			
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